

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90098 003 ****50.00

000272

DOCUMENT # L99000001504

1. Entity Name

DECORATING WHOLESALERS, LLC



Principal Place of Business

Mailing Address

9404 S.W. 77TH AVENUE. M 7
MIAMI FL 33156

9404 S.W. 77TH AVENUE. M 7
MIAMI FL 33156

2. Principal Place of Business

2755 NE 28th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D2

City & State

Lighthouse Pt, FL

City & State

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0903091**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNARD, ANTHONY
9032 SW 152ND STREET
MIAMI FL 33157

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **RUFFOLO, JANET**
STREET ADDRESS **9404 SW 77TH AVE M-7**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Janet Ruffolo**
STREET ADDRESS **2755 NE 28th Ave, D2**
CITY-ST-ZIP **Lighthouse Pt. FL 33064**

TITLE **MGR** ☒ Delete
NAME **RUFFOLO, PATRICIA A**
STREET ADDRESS **9404 SW 77TH AVE M-7**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **MGR** ☒ Change ☐ Addition
NAME **PATRICIA A. Ruffolo**
STREET ADDRESS **2755 NE 28th Ave, D2**
CITY-ST-ZIP **Lighthouse Pt. FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)